Complete Summary

GUIDELINE TITLE

Low back.

BIBLIOGRAPHIC SOURCE(S)

Expert Clinical Benchmarks. Low back. King of Prussia (PA): MedRisk, Inc.; 2003. 52 p.

GUIDELINE STATUS

This is the current release of the guideline.

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

Work-related lumbosacral injury

GUIDELINE CATEGORY

Treatment

CLINICAL SPECIALTY

Chiropractic
Family Practice
Orthopedic Surgery
Physical Medicine and Rehabilitation

INTENDED USERS

Physical Therapists
Physicians
Utilization Management

GUIDELINE OBJECTIVE(S)

To offer evidence-based ranges of appropriate treatment of workers´ compensation conditions

TARGET POPULATION

Workers with functional impairment due to work-related lumbosacral injury

INTERVENTIONS AND PRACTICES CONSIDERED

1. Activities of Daily Living (ADL) training (home)
2. Aerobic capacity/endurance conditioning or reconditioning
3. Mobilization/manipulation of soft tissue
4. Balance, coordination, and agility training
5. Biofeedback
6. Body mechanics and postural stabilization
7. Cryotherapy
8. Device and equipment use and training
9. Electrical stimulation
10. Flexibility exercises
11. Functional training programs (home and work)
12. Instrumental ADL (IADL) training (home)
13. Injury prevention and reduction (home and work)
14. Leisure and play activities and training (work)
15. Manual traction
16. Massage
17. Passive range of motion joint mobilization
18. Relaxation
19. Sound agents
20. Strength, power, and endurance training
21. Thermotherapy
22. Traction devices

MAJOR OUTCOMES CONSIDERED

- Pain relief
- Functional status
- Length of sick leave/return to work
- Rate of recurrence

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

During 2001, the guideline developers began to formally collect and archive systematic reviews and other studies, using the Cochrane Collaboration and the PEDro systematic review methodology.

During the comprehensive medical literature review, preference was given to high quality systematic reviews, meta-analyses, and clinical trials over the past ten years, plus existing nationally recognized treatment guidelines from the leading specialty societies.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Expert Consensus
Expert Consensus (Committee)
Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Expert Clinical Benchmark (ECB) System for Grading of Evidence

I - Evidence from at least 1 properly randomized controlled trial (RCT)

II-1 - Evidence from well-designed controlled trials without randomization

II-2 - Evidence from well-designed cohort or case-control analytic studies, preferably from more than 1 center or research group

II-3 - Evidence from comparisons between times or places with or without the intervention. Dramatic results in uncontrolled experiments could also be included here

III - Opinions of respected authorities, based on clinical experience, descriptive studies or reports of expert committees

Adapted from: Sackett D. Rules of evidence and clinical recommendations for the management of patients. Can J Cardiol 1993; 9:487-9.

METHODS USED TO ANALYZE THE EVIDENCE

Review of Published Meta-Analyses
Systematic Review
Systematic Review with Evidence Tables

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus
Expert Consensus (Consensus Development Conference)

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Expert Clinical Benchmarks (ECB) System for Grading of Recommendations

A - Good evidence to support the recommendation that the intervention be specifically considered

B - Fair evidence to support the recommendation that the intervention be specifically considered

C - Poor evidence regarding inclusion or exclusion of an intervention, but recommendations may be made on other grounds

Adapted from: Sackett D. Rules of evidence and clinical recommendations for the management of patients. Can J Cardiol 1993; 9:487-9.

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Clinical Validation-Pilot Testing
Clinical Validation-Trial Implementation Period
Comparison with Guidelines from Other Groups
External Peer Review
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

The guideline developers subjected the guidelines to a congruency comparison with low back guidelines from the United Kingdom and the Netherlands.

Beginning in 2001, the guidelines were also compared to actual practice patterns in 120,000 workers´ compensation claims (MedRisk, Inc) to determine their reasonableness of fit within the realm of clinical practice.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

General

1. During the initial evaluation, the therapist should include questions about work task requirements in the patient history interview and incorporate these findings in the treatment objectives.
2. The therapist´s treatment regimen should be directed toward improving the patient´s functional ability rather than based on the patient´s impairment.
3. The therapist´s treatment regimen should emphasize active interventions over passive modalities and should become less frequent toward the end of the episode of care in order to encourage patient behavioral gains.

Nonsurgical

For nonsurgical low-back conditions, a series of physical therapy treatments should be delivered ranging from 10 to 14 visits over a period of 4 to 8 weeks, depending upon severity (see table below). Refer to the original guideline document for recommendations on the "time-choice" sequence of interventions as well as interventions that are generally recommended, interventions recommended on a case specific/clinical judgement basis, and interventions that are not recommended. Specific interventions are listed in the "Interventions and Practices Considered" field in the Complete Summary.

Surgical

For surgical low back conditions, a series of physical therapy treatments should be delivered ranging from 12 to 28 visits over a period of 5 to 16 weeks, depending upon severity (see table below). Refer to the original guideline document for recommendations on the "time-choice" sequence of interventions as well as interventions that are generally recommended, interventions recommended on a case specific/clinical judgement basis, and interventions that are not recommended. Specific interventions are listed in the "Interventions and Practices Considered" field in the Complete Summary.

Pre-Cert Product Treatment Patterns – No Regional Adjustments

	Surgical			Nonsurgical		
	Total Visits	Sequence of Visits	Total # Weeks	Total Visits	Sequence of Visits	Total # Weeks
Acute/Non-delayed						
Noncomplicated	12	3V @ 2	6	10	3V @ 2	4

	Surgical			Nonsurgical		
	Total Visits	Sequence of Visits	Total # Weeks	Total Visits	Sequence of Visits	Total # Weeks
		wks 2V @ 2 wks 1V @ 2 wks	weeks		wks 2V @ 2 wks	weeks
Complicated	28	3V @ 4 wks 2V @ 6 wks 1V @ 4 wks	14 weeks	12	3V @ 2 wks 2V @ 3 wks	5 weeks
Acute Delayed						
Complicated	28	3V @ 2 wks 2V @ 9 wks 1V @ 4 wks	14 weeks			
Chronic/Non-delayed						
Noncomplicated	12	3V @ 3 wks 2V @ 1 wk 1V @ 1 wk	5 weeks	12	2 V @ 6 wks	6 weeks
Complicated	28	3V @ 4 wks 2V @ 6 wks 1V @ 4 wks	14 weeks	14	2 V @ 6 wks 1 V @ 2 wks	8 weeks
Chronic Delayed						
Complicated	28	3V @ 4 wks 2V @ 4	16 weeks			

	Surgical			Nonsurgical		
	Total Visits	Sequence of Visits	Total # Weeks	Total Visits	Sequence of Visits	Total # Weeks
		wks 1V @ 8 wks				

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence supporting the recommendations is not specifically stated.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

These guidelines provide detailed direction on the time, choice, and sequence of physical therapy services directed toward recovery of functional ability and return to work.

POTENTIAL HARMS

Not stated

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Expert Clinical Benchmarks. Low back. King of Prussia (PA): MedRisk, Inc.; 2003. 52 p.

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2003

GUIDELINE DEVELOPER(S)

Expert Clinical Benchmarks - Private For Profit Organization

SOURCE(S) OF FUNDING

Expert Clinical Benchmarks

GUIDELINE COMMITTEE

Not stated

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Committee Chair: Roger Nelson, PhD, PT, FAPTA (MedRisk, Inc.)

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

The Expert Clinical Benchmarks (ECB) Physical Therapy Clinical Guidelines are available in electronic form to subscribers from the Expert Clinical Benchmarks Web site.

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on December 3, 2004. The information was verified by the developer on December 8, 2004.

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